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| Chapter you are filing under: |                                       |
|-------------------------------|---------------------------------------|
| ☐ Chapter 7                   |                                       |
| ☐ Chapter 11                  |                                       |
| ☐ Chapter 12                  |                                       |
| Chapter 13                    | ☐ Check if this an amended filing     |
|                               | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture | Sarah                                    |   |
|     |   | First name                               | <br>First name                                |
|     |   | A  |   |
|     |   | Middle name                              | Middle name                                   |
|     |   | Feldman                                  |   |
|     | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |   |  |   |
| 2.  | All other names you have used in the last 8 years   |  |   |
|     | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                             | xxx-xx-8510                              |   |

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Debtor 1 Sarah A Feldman

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 210 Glasgow Lane, Unit V-2  | If Debtor 2 lives at a different address:  |
|    |  | Schaumburg, IL 60194  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this   | Check one:  Over the last 180 days before filing this petition, I  |
|    |  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | have lived in this district longer than in any other district.   |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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Case number (if known) Debtor 1 Sarah A Feldman

| 7.         | The chapter of the Bankruptcy Code you are choosing to file under                                     | (Form |                                  |   | of each, see <i>Notice Required by</i> boage 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy ee box.  |
|------------|---|-------|----------------------------------|---|--|---|
|            |   |       | •                                |   |  |   |
|            |   |       | apter 11<br>apter 12             |   |  |   |
|            |   |       | •                                |   |  |   |
|            |   | ■ Ch  | apter 13                         |   |  |   |
| В.         | How you will pay the fee  | (     | about how yo                     | u may pay. Typio<br>attorney is subm    | cally, if you are paying the fee yo                                      | ck with the clerk's office in your local court for more detail burself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check with |
|            |   |       |                                  |   | Ilments. If you choose this option (Official Form 103A).                 | on, sign and attach the Application for Individuals to Pay  |
|            |   |       | I request that<br>but is not req | it my fee be waiv<br>uired to, waive yo | yed (You may request this optio<br>our fee, and may do so only if you    | n only if you are filing for Chapter 7. By law, a judge may<br>our income is less than 150% of the official poverty line  |
|            |   |       |                                  |   |  | fee in installments). If you choose this option, you must fi<br>Official Form 103B) and file it with your petition.   |
| <b>)</b> . | Have you filed for bankruptcy within the last 8 years?  | ■ No. |                                  |   |  |   |
|            |   |       | District                         |   | When   | Case number   |
|            |   |       | District                         |   | When   | Case number   |
|            |   |       | District                         |   | When   | Case number   |
| 0.         | Are any bankruptcy<br>cases pending or being<br>filed by a spouse who is<br>not filing this case with | ■ No  | S.                               |   |  |   |
|            | you, or by a business partner, or by an affiliate?  |       |                                  |   |  |   |
|            |   |       | Debtor                           |   |  | Relationship to you   |
|            |   |       | District                         |   | When   | Case number, if known   |
|            |   |       | Debtor                           |   |  | Relationship to you   |
|            |   |       | District                         |   | When   | Case number, if known   |
| 11.        | Do you rent your residence?   | ■ No. | Go to I                          | ine 12.                                 |  |   |
|            | residence:  | ☐ Yes | s. Has yo                        | ur landlord obtair                      | ned an eviction judgment agains  | t you and do you want to stay in your residence?  |
|            |   |       |                                  | No. Go to line 12                       | 2.   |   |
|            |   |       |                                  | Yes. Fill out Initi                     | ial Statement About an Eviction  | Judgment Against You (Form 101A) and file it with this  |

Document Page 4 of 57 Case number (if known) Debtor 1 Sarah A Feldman Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes. What is the hazard? of imminent and

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Sarah A Feldman

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 57 Case number (if known) Sarah A Feldman Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Do you estimate that ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25.001-50.000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion **□** \$0 - \$50,000 □ \$1,000,001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sarah A Feldman Signature of Debtor 2 Sarah A Feldman Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

August 9, 2016

MM / DD / YYYY

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Debtor 1 Sarah A Feldman Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David Cutler                     |       | Date          | August 9, 2016      |
|--------------------------------------|-------|---------------|---------------------|
| Signature of Attorney for De         | ebtor |               | MM / DD / YYYY      |
| David Cutler Printed name            |       |               |                     |
| Cutler & Associates, Lt              | td    |               |                     |
| Firm name                            |       |               |                     |
| 4131 Main Street                     |       |               |                     |
| Skokie, IL 60076                     |       |               |                     |
| Number, Street, City, State & ZIP Co | de    |               |                     |
| Contact phone <b>847-673-860</b>     | 00    | Email address | david@cutlerltd.com |
| Bar number & State                   |       |               | _                   |

|                     |                          | DOCUM             | eni Page 8 oi 57 |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Sarah A Feldman          |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a     | ssets<br>of what you own         |
|-----|--|------------|----------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 150,000.00                       |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 13,910.00                        |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 163,910.00                       |
| Pai | t 2: Summarize Your Liabilities  |            |                                  |
|     |  |            | i <b>abilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 153,464.00                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$         | 0.00                             |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 9,774.00                         |
|     | Your total liabilities   | \$         | 163,238.00                       |
| Paı | t 3: Summarize Your Income and Expenses  |            |                                  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 2,725.01                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 2,402.01                         |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |            |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other s | chedules.                        |
|     | ■ Yes What kind of debt do you have?   |            |                                  |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$ | 3,784.00 |
|----|--|----|----------|
|    |  | -  |          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | I otal claim |      |
|--|--------------|------|
| From Part 4 on Schedule E/F, copy the following:   |              |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$           | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$           | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$           | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$           | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$           | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$          | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$           | 0.00 |

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|--|--|--|--|--------------------------|---------------|--|
| Fill in thi                                | s information to identify you  | case and this filing:  |  |                          |               |  |
| Debtor 1                                   | Sarah A Feldmai  | 1  |  |                          |               |  |
| Debtor 2                                   | First Name   | Middle Name  | Last Name  |                          |               |  |
| (Spouse, if fi                             | First Name   | Middle Name  | Last Name  |                          |               |  |
| United St                                  | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILI   | LINOIS   |                          |               |  |
| Case nun                                   | mber   |  | _  |                          |               | Check if this is an amended filing                       |
| _  | al Form 106A/B<br>edule A/B: Prop  | oertv  |  |                          |               | 12/15  |
| In each cat<br>it fits best.<br>more space | egory, separately list and describ<br>Be as complete and accurate as<br>e is needed, attach a separate she | e items. List an asset only once. If a possible. If two married people are set to this form. On the top of any act, Land, or Other Real Estate You O | filing together, both are equa<br>dditional pages, write your na | ally responsible for sup | oplying corre | ect information. If                                      |
| 1. Do you                                  | own or have any legal or equitable   | e interest in any residence, building  | , land, or similar property?                                     |                          |               |  |
| □ No. G                                    | So to Part 2.  |  |  |                          |               |  |
| Yes.                                       | Where is the property?   |  |  |                          |               |  |
| 1.1  |  | What is the proper   | rty? Check all that apply  |                          |               |  |
|  | Glasgow Lane, Unit V-2 t address, if available, or other description                                       | Single-family  Duplex or m   |  | amount of any sec        | ured claims o | or exemptions. Put the on Schedule D: cured by Property. |

|   |       |                |  | i e ii e pi e pe i j i e ii e ii a i a i a i a pp i j   |  |  |                                       |  |
|---|-------|----------------|--|---|--|--|---------------------------------------|--|
| 210 Glasgow Lane, Unit V-2 Street address, if available, or other description |       |                |  | <ul><li>☐ Single-family home</li><li>☐ Duplex or multi-unit building</li><li>☐ Condominium or cooperative</li></ul> |  | Do not deduct secured claims or exemptions. Put th amount of any secured claims on <i>Schedule D:</i> Creditors Who Have Claims Secured by Property. |                                       |  |
| Schaumburg  | IL    | 60194-0000     |  | Manufactured or mobile home Land  |  | rrent value of the tire property?  | Current value of the portion you own? |  |
| City  | State | ZIP Code       |  | Investment property   |  | \$150,000.00   | \$150,000.0                           |  |
|   |       |                |  | ☐ Timeshare ☐ Other   |  | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or  |                                       |  |
|   |       |                | Who has an interest in the property? Check one  Debtor 1 only  |   |  | a life estate), if known.  |                                       |  |
| Cook  |       |                |  | Debtor 2 only   |  |  |                                       |  |
| County  |       | □<br>□<br>Othe | Debtor 1 and Debtor 2 only  At least one of the debtors and another r information you wish to add about this ite | Check if this is community property (see instructions) m. such as local   |  |  |                                       |  |
|   |       |                | prop   | erty identification number:   |  |  |                                       |  |
|   |       |                |  |   |  |  |                                       |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$150,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document Debtor 1 Sarah A Feldman 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sentra Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 40000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$8,000.00 \$8,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$8,000.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,200.00 Personal possessions in home at liquidation value 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$600.00 2 computers and 2tuvs 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe.....

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Case number (if known) Document Debtor 1 Sarah A Feldman 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$600.00 Personal clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$500.00 Costume and two necklaces 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... Dog and 3 cats \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list  $\square$  Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,900.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Chase Bank** \$10.00 Checking 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership:

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Doc 1

Filed 08/09/16

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Desc Main

page 3

| De  | ebtor 1                   | Sarah A F       | Feldman  | Document                    | Page 13 of           | Case number (if kn        | own)  |
|-----|---------------------------|-----------------|--|-----------------------------|----------------------|---------------------------|---|
| 20. | Negoti                    | iable instrume  | orporate bonds and othe<br>ents include personal check<br>truments are those you can | ks, cashiers' checks, pr    | omissory notes, ar   | nd money orders.          |   |
|     | ☐ Yes.                    | Give specific   | information about them Issuer name:  |                             |                      |                           |   |
| 21. | Exam <sub>l</sub><br>□ No | oles: Interests | sion accounts<br>s in IRA, ERISA, Keogh, 40  | 01(k), 403(b), thrift savin | gs accounts, or ot   | her pension or profit-sh  | naring plans  |
|     | ■ Yes.                    | List each acc   | count separately.  Type of account:  | Institution                 | name:                |                           |   |
|     |                           |                 | 401k   | Employe                     | r                    |                           | \$3,000.00  |
| 22. | Your s                    | hare of all un  | and prepayments<br>used deposits you have ments with landlords, prepaid              | , ,                         |                      | . ,                       | ompanies, or others   |
|     | _                         |                 |  | Institution                 | name or individual   | it.                       |   |
| 23. | . <b>Annuit</b><br>■ No   | ies (A contra   | ct for a periodic payment o  | f money to you, either for  | or life or for a num | ber of years)             |   |
|     | ☐ Yes                     |                 | Issuer name and descrip  | tion.                       |                      |                           |   |
| 24. | 26 U.S.                   |                 | cation IRA, in an account<br>1), 529A(b), and 529(b)(1).                             |                             | ogram, or under      | a qualified state tuitio  | on program.   |
|     | ■ No<br>□ Yes             |                 | Institution name and des   | cription. Separately file   | the records of any   | interests.11 U.S.C. § 5   | 521(c):   |
| 25. | ■ No                      |                 | r future interests in propo  | erty (other than anythi     | ng listed in line 1  | ), and rights or power    | rs exercisable for your benefit   |
|     | Patent<br>Examp<br>■ No   | s, copyrights   | s, trademarks, trade secre<br>domain names, websites,                                |                             |                      | eements                   |   |
|     |                           |                 | c information about them   | ungibles                    |                      |                           |   |
| 21. |                           |                 | es, and other general inta<br>permits, exclusive licenses                            |                             | on holdings, liquor  | licenses, professional    | licenses  |
|     | ☐ Yes.                    | Give specific   | c information about them   |                             |                      |                           |   |
| M   | oney or                   | property ow     | ed to you?   |                             |                      |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No                      | funds owed to   | to you information about them, in  | cluding whether you alr     | eady filed the retu  | rns and the tax years     |   |
|     |                           |                 |  |                             |                      |                           |   |
| 29. | Examp<br>■ No             |                 | e or lump sum alimony, spo   | ousal support, child sup    | oort, maintenance,   | , divorce settlement, pro | operty settlement   |
| 30. |                           | oles: Unpaid v  | neone owes you<br>wages, disability insurance<br>; unpaid loans you made to          |                             | nefits, sick pay, va | acation pay, workers' c   | ompensation, Social Security  |

|                   | Case 10-25004  | Document  | Page 14 of 57   | Desc Main                  |
|-------------------|--|---|---|----------------------------|
| Debtor 1          | Sarah A Feldman  | Document  | Case number (if known)                                  |                            |
| ☐ Yes             | . Give specific information.                                     |   |   |                            |
|                   | ests in insurance policies<br>apples: Health, disability, or lit | e insurance; health savings account   | (HSA); credit, homeowner's, or renter's insura          | ince                       |
|                   | . Name the insurance comp  | any of each policy and list its value.                                      |   |                            |
|                   |  | npany name:   | Beneficiary:  | Surrender or refund value: |
|                   | <u>Em</u>  | ployer term life  |   | \$0.00                     |
| If you            |  | due you from someone who has ding trust, expect proceeds from a life in     | ed<br>nsurance policy, or are currently entitled to rec | ceive property because     |
|                   | . Give specific information.                                     |   |   |                            |
| Exam<br>■ No      |  | nether or not you have filed a lawsunt disputes, insurance claims, or right |   |                            |
| ■ No              | contingent and unliquida  Describe each claim                    | •   | ng counterclaims of the debtor and rights t             | o set off claims           |
| 35. <b>Anv fi</b> | nancial assets you did no  | t already list  |   |                            |
| ■ No              | ,, ,, ,  | <b></b>   |   |                            |
| ☐ Yes             | . Give specific information.                                     |   |   |                            |
|                   |  | our entries from Part 4, including a  | any entries for pages you have attached                 | \$3,010.00                 |
| Part 5: De        | escribe Any Business-Related                                     | Property You Own or Have an Interest I                                      | n. List any real estate in Part 1.                      |                            |
| 37. <b>Do you</b> | own or have any legal or equi                                    | table interest in any business-related pro                                  | operty?   |                            |
| ■ No. G           | So to Part 6.  |   |   |                            |
| ☐ Yes.            | Go to line 38.   |   |   |                            |
|                   | escribe Any Farm- and Comm<br>you own or have an interest in fa  | ercial Fishing-Related Property You Owr<br>armland, list it in Part 1.      | n or Have an Interest In.                               |                            |
| 46. <b>Do yo</b>  | ou own or have any legal o                                       | r equitable interest in any farm- or  | commercial fishing-related property?                    |                            |
| _                 | o. Go to Part 7.   |   |   |                            |
| ☐ Ye              | s. Go to line 47.  |   |   |                            |
| Part 7:           | Describe All Property You  | Own or Have an Interest in That You Did                                     | Not List Above  |                            |
| Exam              | ou have other property of an apples: Season tickets, count       | ny kind you did not already list?<br>ry club membership                     |   |                            |
| ■ No<br>□ Yes     | . Give specific information                                      |   |   |                            |
| 54. <b>Add</b>    | the dollar value of all of y                                     | our entries from Part 7. Write that I                                       | number here   | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document

Debtor 1 Sarah A Feldman

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$150,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$8,000.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,900.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$3,010.00  |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$13,910.00 | Copy personal property total | \$13,910.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$163,910.00 |

Official Form 106A/B Schedule A/B: Property page 6

|   |                 |                   | $A \cap A \cap$ |                                      |  |  |  |  |
|---|-----------------|-------------------|---|--------------------------------------|--|--|--|--|
| Fill in this information to identify your case: |                 |                   |   |                                      |  |  |  |  |
| Debtor 1  | Sarah A Feldman |                   |   |                                      |  |  |  |  |
|   | First Name      | Middle Name       | Last Name   |                                      |  |  |  |  |
| Debtor 2  |                 |                   |   |                                      |  |  |  |  |
| (Spouse if, filing)                             | First Name      | Middle Name       | Last Name   |                                      |  |  |  |  |
| United States Bankruptcy Court for the:         |                 | NORTHERN DISTRICT | OF ILLINOIS   |                                      |  |  |  |  |
| Case number<br>(if known)                       |                 |                   |   | ☐ Check if this is ar amended filing |  |  |  |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Constitution that all and accommendate

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Owner to relieve of the American of the accounting over alleign

Daief description of the management and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property portion you own          |                                     | Specific laws that allow exemption |   |                       |
|--|-------------------------------------|------------------------------------|---|-----------------------|
|  | Copy the value from<br>Schedule A/B | Che                                | eck only one box for each exemption.                            |                       |
| 210 Glasgow Lane, Unit V-2<br>Schaumburg, IL 60194 Cook County | \$150,000.00                        |                                    | \$6,837.00  | 735 ILCS 5/12-901     |
| Line from Schedule A/B: 1.1                                    |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                       |
| 2012 Nissan Sentra 40000 miles Line from Schedule A/B: 3.1     | \$8,000.00                          |                                    | \$0.00  | 735 ILCS 5/12-1001(c) |
| Ellie Holli Genedale FAB. 6.1                                  |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                       |
| Personal possessions in home at liquidation value              | \$1,200.00                          |                                    | \$1,200.00  | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <b>6.1</b>                             |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                       |
| 2 computers and 2tuvs Line from Schedule A/B: 7.1              | \$600.00                            |                                    | \$600.00  | 735 ILCS 5/12-1001(b) |
| Line IIIII Schedule AVD. 7.1                                   |                                     |                                    | 100% of fair market value, up to any applicable statutory limit |                       |
| Personal clothing Line from Schedule A/B: 11.1                 | \$600.00                            |                                    | \$600.00  | 735 ILCS 5/12-1001(a) |
| LINE HOTH SCHEAUTE AVD. 11.1                                   |                                     |                                    | 100% of fair market value, up to                                |                       |

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Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property                               | Current value of the portion you own                                    | Amo     | Specific laws that allow exemption                              |                       |  |
|---|---|---------|---|-----------------------|--|
|   | Copy the value from Check only one box for each exemption. Schedule A/B |         |   |                       |  |
| Costume and two necklaces Line from Schedule A/B: 12.1  | \$500.00  |         | \$500.00  | 735 ILCS 5/12-1001(b) |  |
| Life from Genedate AVE. 12.11   |   |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
| Checking: Chase Bank Line from Schedule A/B: 17.1   | \$10.00   |         | \$10.00   | 735 ILCS 5/12-1001(b) |  |
| Line nom Schedule A/B. 11.1   |   |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
| 401k: Employer Line from Schedule A/B: 21.1   | \$3,000.00  |         | \$3,000.00  | 735 ILCS 5/12-1006    |  |
| Line Irom Schedule A/B. 21.1  |   |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
| Employer term life Line from Schedule A/B: 31.1   | \$0.00  |         | \$0.00  | 215 ILCS 5/238        |  |
| Line from Schedule A/B. 31.1  |   |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
| <ol> <li>Are you claiming a homestead exemptio<br/>(Subject to adjustment on 4/01/19 and ever<br/>■ No</li> </ol> |   |         | iled on or after the date of adjustme                           | ent.)                 |  |
| ☐ Yes. Did you acquire the property cov☐ No   | ered by the exemption w   | ithin 1 | ,215 days before you filed this case                            | 9?                    |  |
| ☐ Yes   |   |         |   |                       |  |

|                |                                      |                         | Document   | Page 1           | 8 of 57                    |                           |                     |
|----------------|--------------------------------------|-------------------------|--|------------------|----------------------------|---------------------------|---------------------|
| Fill i         | n this information                   | on to identify you      | r case:  |                  |                            |                           |                     |
| Debt           | or 1 S                               | arah A Feldma           | n  |                  |                            |                           |                     |
|                |                                      | rst Name                | Middle Name  | Last Name        |                            |                           |                     |
| (Spous         |                                      | rst Name                | Middle Name  | Last Name        |                            |                           |                     |
| ` '            |                                      |                         |  |                  |                            |                           |                     |
| Unite          | ed States Bankru                     | otcy Court for the:     | NORTHERN DISTRICT OF ILLI  | INOIS            |                            |                           |                     |
| Case           | e number                             |                         |  |                  |                            |                           |                     |
| (if kno        |                                      |                         |  |                  |                            | ☐ Check                   | if this is an       |
|                |                                      |                         |  |                  |                            | amend                     | led filing          |
| Off:           | oial Farm 1                          | oeD                     |  |                  |                            |                           |                     |
|                | cial Form 1                          |                         |  | _                |                            |                           |                     |
| Scr            | nedule D:                            | Creditors               | Who Have Claims S  | secure           | d by Property              | У                         | 12/15               |
| Be as          | complete and accu                    | ırate as possible. If   | two married people are filing together,  | , both are equ   | ually responsible for sup  | olying correct informatio | n. If more space is |
| neede<br>knowr |                                      | onal Page, fill it out, | number the entries, and attach it to thi   | is form. On th   | ne top of any additional p | ages, write your name ar  | nd case number (if  |
|                | •                                    | claims secured by       | vour property?   |                  |                            |                           |                     |
| _              |                                      | •                       | nis form to the court with your other  | echadulae        | You have nothing else      | to report on this form    |                     |
| _              | _                                    |                         | ŕ  | scriedules.      | Tou have nothing else      | to report on this form.   |                     |
|                |                                      | of the information I    | below.   |                  |                            |                           |                     |
| Part           |                                      | cured Claims            |  |                  | . Column A                 | Column B                  | Column C            |
|                |                                      |                         | ore than one secured claim, list the credit<br>articular claim, list the other creditors in Pa |                  | for                        | Value of collateral       | Unsecured           |
|                |                                      |                         | er according to the creditor's name.   | art 2. 713 maoi  | Do not deduct the          | that supports this        | portion             |
|                | American Gei                         | neral                   |  |                  | value of collateral.       | claim                     | If any              |
| 2.1            | Financial/Spr                        |                         | Describe the property that secures th  | e claim:         | \$10,351.00                | \$8,000.00                | \$2,351.00          |
|                | Creditor's Name                      |                         | 2012 Nissan Sentra 40000 mi  | iles             |                            |                           |                     |
|                | Springleaf Fir                       |                         |  |                  |                            |                           |                     |
|                | Bankruptcy D                         | е                       | As of the date you file, the claim is: Cl  | heck all that    |                            |                           |                     |
|                | Po Box 3251                          | 47724                   | apply.   |                  |                            |                           |                     |
| -              | Evansville, IN                       |                         | Contingent   |                  |                            |                           |                     |
|                | Number, Street, City,                | State & Zip Code        | Unliquidated   |                  |                            |                           |                     |
| Who            | owes the debt?                       | Check one.              | ☐ Disputed  Nature of lien. Check all that apply.  |                  |                            |                           |                     |
| ■ De           | ebtor 1 only                         |                         | ☐ An agreement you made (such as m   | ortgage or se    | cured                      |                           |                     |
|                | ebtor 2 only                         |                         | car loan)  | 0 0              |                            |                           |                     |
| _              | ebtor 1 and Debtor 2                 | 2 only                  | ☐ Statutory lien (such as tax lien, mech   | nanic's lien)    |                            |                           |                     |
| ☐ At           | least one of the del                 | btors and another       | ☐ Judgment lien from a lawsuit   | ,                |                            |                           |                     |
|                | heck if this claim r                 | elates to a             | Other (including a right to offset)  |                  |                            |                           |                     |
| С              | ommunity debt                        |                         |  |                  |                            |                           |                     |
|                |                                      | Opened                  |  |                  |                            |                           |                     |
|                |                                      | 01/16 Last              |  |                  |                            |                           |                     |
| <b>5</b>       |                                      | Active                  |  | er 8772          |                            |                           |                     |
| Date           | debt was incurred                    | 7/29/16                 | Last 4 digits of account number  | er 0//2          |                            |                           |                     |
|                | Midwoot Com                          | munity                  |  |                  |                            |                           |                     |
| 2.2            | Midwest Com<br>Bank                  | iniunity                | Describe the property that secures th  | e claim:         | \$142,563.00               | \$150,000.00              | \$0.00              |
|                | Creditor's Name                      |                         | 210 Glasgow Lane, Unit V-2   |                  |                            |                           |                     |
|                |                                      |                         | Schaumburg, IL 60194 Cook  | (                |                            |                           |                     |
|                |                                      |                         | County   |                  |                            |                           |                     |
|                |                                      |                         | As of the date you file, the claim is: Clapply.  | heck all that    |                            |                           |                     |
|                |                                      |                         | ☐ Contingent   |                  |                            |                           |                     |
|                | Number, Street, City,                | State & Zip Code        | Unliquidated   |                  |                            |                           |                     |
| Wh.            | owes the debt?                       | Chack and               | ☐ Disputed  Nature of lien. Check all that apply.  |                  |                            |                           |                     |
| _              |                                      | oneck one.              | _  | ortagas as as    | ourod                      |                           |                     |
|                | ebtor 1 only                         |                         |  | ortgage or se    | cureu                      |                           |                     |
|                | ebtor 2 only<br>ebtor 1 and Debtor 2 | 2 only                  | ☐ Statutory lien (such as tax lien, mech   | nanic'e lien)    |                            |                           |                     |
| _              | t least one of the del               | •                       | ☐ Judgment lien from a lawsuit   | iai iio s iiell) |                            |                           |                     |
| ,              |                                      |                         | ,  |                  |                            |                           |                     |

Official Form 106D

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| Debtor 1 Sarah A Feldma   | an                              |   | Cas            | se number (if know)      |              |        |
|---|---------------------------------|---|----------------|--------------------------|--------------|--------|
| First Name  | Middle Name                     | Last Name   |                |                          |              |        |
| ☐ Check if this claim relates to community debt   | Other (in                       | ncluding a right to offset)   |                |                          |              |        |
| Ope 08/1 Acti Date debt was incurred 4/05   | 5 Last<br>ve                    | t 4 digits of account number  | 5336           |                          |              |        |
| 2.3 Towne Place Condominium Asso  | Describe the                    | ne property that secures the cl   | aim:           | \$550.00                 | \$150,000.00 | \$0.00 |
| c/o Lieberman Management Svcs PO Box 5723 Carol Stream, IL 60                           | Schaum<br>County<br>As of the d | sgow Lane, Unit V-2<br>burg, IL 60194 Cook<br>ate you file, the claim is: Check | all that       |                          |              |        |
| Number, Street, City, State & Z  Who owes the debt? Check or                            | ip Code Unliquid                | lated   |                |                          |              |        |
| ■ Debtor 1 only □ Debtor 2 only   |                                 | ement you made (such as morto   | age or secured | I                        |              |        |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and                          |                                 | y lien (such as tax lien, mechani<br>nt lien from a lawsuit                     | c's lien)      |                          |              |        |
| ☐ Check if this claim relates to community debt   | Other (in                       | ncluding a right to offset)   |                |                          |              |        |
| Date debt was incurred  | Last                            | t 4 digits of account number  | 1802           |                          |              |        |
| Add the dollar value of your e If this is the last page of your Write that number here: |                                 | • •   | ere:           | \$153,464.<br>\$153,464. |              |        |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  |  | Document Pag  | ne 20 of 57  |  |
|--|--|---|--|--|
| ill in this info   | rmation to identify your case  |   |  |  |
| Debtor 1   | Sarah A Feldman  |   |  |  |
|  | First Name   | Middle Name Last N  | lame   |  |
| Debtor 2   |  |   |  |  |
| Spouse if, filing)   | First Name   | Middle Name Last N  | lame   |  |
| Jnited States B  | ankruptcy Court for the: NC  | ORTHERN DISTRICT OF ILLINOIS  |  |  |
| Case number  |  |   |  |  |
| f known)   |  |   |  | ☐ Check if this is an  |
|  |  |   |  | amended filing   |
| Official For   | m 106F/F   |   |  |  |
|  |  | Have Unsecured Clai   | ms   | 12/15  |
|  |  |   | and Part 2 for creditors with NONPRIORITY  |  |
| umber (if known)   |  | •   | file that Part. On the top of any additional pa  | igoo, write your manie and case  |
| . Do any credit  | tors have priority unsecured clair   | ms against you?   |  |  |
| ■ No. Go to  | Part 2.  |   |  |  |
| ☐ Yes.   |  |   |  |  |
| Part 2: List   | All of Your NONPRIORITY Ur   | nsecured Claims   |  |  |
|  |  |   |  |  |
| . Do any credit  | tors have nonpriority unsecured  | claims against you?   |  |  |
|  |  | •   | er schedules.  |  |
| ☐ No. You ha   |  | claims against you?  ubmit this form to the court with your other   | er schedules.  |  |
| _ `  |  | •   | r schedules.   |  |
| ☐ No. You ha  ☐ Yes.  List all of you claim, list the  | ave nothing to report in this part. So<br>ur nonpriority unsecured claims in creditor separately for each claim. I   | ubmit this form to the court with your other  | er schedules.  r who holds each claim. If a creditor has more of claim it is. Do not list claims already included the enonpriority unsecured claims fill out the Con   | in Part 1. If more than one  |
| ☐ No. You ha  ☐ Yes.  List all of you claim, list the  | ave nothing to report in this part. So<br>ur nonpriority unsecured claims in creditor separately for each claim. I   | ubmit this form to the court with your other  | r who holds each claim. If a creditor has more f claim it is. Do not list claims already included  | in Part 1. If more than one  |
| ☐ No. You ha  ☐ Yes.  List all of you claim, list the creditor holds   | ave nothing to report in this part. So<br>ur nonpriority unsecured claims in creditor separately for each claim. I   | ubmit this form to the court with your other  | r who holds each claim. If a creditor has more if claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Con   | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have Yes.  List all of you claim, list the creditor holds  Advantage  Nonpriori  | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other creditor separately for each claim. Is a particular claim, list the other creditor and Ankle ity Creditor's Name  | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thr  | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community.  | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have yes.  List all of you claim, list the creditor holds  Advantage Advantage Nonpriori 1750 N  | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other creditor separately for each claim. Is a particular claim, list the other creditor and Ankle ity Creditor's Name lorth Randall Rd   | ubmit this form to the court with your other<br>in the alphabetical order of the credito<br>For each claim listed, identify what type of<br>ditors in Part 3.If you have more than thr  | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community.  | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have a Yes.  List all of you claim, list the creditor holds  Advantage Advantage Nonpriori 1750 No. Ste 160 Elgin,   | ave nothing to report in this part. So ar nonpriority unsecured claims is creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor creditor's Name control of the | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thr  | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community.  | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have yes.  List all of you claim, list the creditor holds  Advantage | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other crece Foot and Ankle ity Creditor's Name lorth Randall Rd 0 IL 60123  Street City State Zlp Code  | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thr  Last 4 digits of account num  When was the debt incurre   | r who holds each claim. If a creditor has more for claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community.   | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have Yes.  List all of you claim, list the creditor holds  Advan Nonpriori 1750 N Ste 166 Elgin, Number 3 Who ince   | ur nonpriority unsecured claims is creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor shame list Creditor's Name list Randall Rd Oull 60123  Street City State Zlp Code urred the debt? Check one.   | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thr  Last 4 digits of account num  When was the debt incurre   | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community and the community a | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have a Yes.  List all of you claim, list the creditor holds  Advantage of the complete | ur nonpriority unsecured claims is creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor. If a particular claim. If a  | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.lf you have more than thre  Last 4 digits of account nur  When was the debt incurre  As of the date you file, the  | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community and the community a | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have yes.  List all of you claim, list the creditor holds  Advantable Nonpriori 1750 N Ste 166 Elgin, Number S Who ince  | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other crece Foot and Ankle ity Creditor's Name lorth Randall Rd 0 IL 60123  Street City State Zlp Code urred the debt? Check one. or 1 only or 2 only   | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thr  Last 4 digits of account nur  When was the debt incurre  As of the date you file, the   | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Community and the community a | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have yes.  List all of you claim, list the creditor holds  Advan Nonpriori 1750 N Ste 16i Elgin, Number s Who inci   | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other creditor year and Ankle ity Creditor's Name lorth Randall Rd 0 IL 60123  Street City State Zlp Code urred the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only   | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thre  Last 4 digits of account nur  When was the debt incurre  As of the date you file, the  | r who holds each claim. If a creditor has more if claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Content of  | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have a Yes.  List all of you claim, list the creditor holds  Advantable Advantab | ar nonpriority unsecured claims is creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor Creditor's Name clorth Randall Rd of the Control of the | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thre  Last 4 digits of account nur  When was the debt incurre  As of the date you file, the  Contingent Unliquidated Disputed Type of NONPRIORITY uns Student loans  | r who holds each claim. If a creditor has more if claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Content of  | in Part 1. If more than one tinuation Page of Part 2.  Total claim           |
| No. You have a Yes.  1. List all of you claim, list the creditor holds  1.1 Advantable A | ur nonpriority unsecured claims is creditor separately for each claim. Is a particular claim, list the other creditor year and Ankle ity Creditor's Name lorth Randall Rd 0 IL 60123  Street City State Zlp Code urred the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only   | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thre  Last 4 digits of account num  When was the debt incurre  As of the date you file, the  Contingent Unliquidated Disputed Type of NONPRIORITY uns Student loans  y debt Obligations arising out of report as priority claims | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Content of the content of the content of the claim is: Check all that apply ecured claim:  a separation agreement or divorce that you did   | in Part 1. If more than one tinuation Page of Part 2.  Total claim  \$930.00 |
| No. You have a Yes.  I. List all of you claim, list the creditor holds  I.1 Advantable A | ar nonpriority unsecured claims is creditor separately for each claim. If a particular claim, list the other creditor separately for each claim. If a particular claim, list the other creditor. If a particular claim is for a community or a particular claim is for a community.  | in the alphabetical order of the credito For each claim listed, identify what type of ditors in Part 3.If you have more than thre  Last 4 digits of account num  When was the debt incurre  As of the date you file, the  Contingent Unliquidated Disputed Type of NONPRIORITY uns Student loans  y debt Obligations arising out of report as priority claims | r who holds each claim. If a creditor has more of claim it is. Do not list claims already included see nonpriority unsecured claims fill out the Commber 3129  d?  claim is: Check all that apply  ecured claim:   | in Part 1. If more than one tinuation Page of Part 2.  Total claim  \$930.00 |

Document Page 21 of 57 Debtor 1 Sarah A Feldman Case number (if know) 4.2 Atg Credit Llc Last 4 digits of account number 6633 \$0.00 Nonpriority Creditor's Name 1700 W Cortland St Opened 11/13 Last Active Ste 2 When was the debt incurred? 7/16/15 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Alexian Brothers ■ Other. Specify Specialty Gro ☐ Yes 4.3 **Bank of America** Last 4 digits of account number 8308 \$0.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 15284 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Notice Only 4.4 Claims Accounting Last 4 digits of account number \$75.00 2118 Nonpriority Creditor's Name PO Box 30272 When was the debt incurred? Tampa, FL 33630 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans

■ No
 □ Debts to pension or profit-sharing plans, and other similar debts
 □ Yes
 □ Other. Specify
 □ Other. Specify

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Check if this claim is for a community debt

Is the claim subject to offset?

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Debtor 1 Sarah A Feldman Case number (if know) 4.5 Comcast Last 4 digits of account number 3495 \$293.00 Nonpriority Creditor's Name PO Box 3001 When was the debt incurred? Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 ComEd 0078 Last 4 digits of account number \$277.00 Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **Comenity Bank/Harlem Furniture** Last 4 digits of account number 8941 \$0.00 Nonpriority Creditor's Name Opened 03/05 Last Active Po Box 182789 When was the debt incurred? 8/13/06 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Case number (if know)

| Debic | Saran A Feluman  | Case Humber (in Niow)   |            |
|-------|--|---|------------|
| 4.8   | Community Property Management  | Last 4 digits of account number 2419  | \$4,237.00 |
|       | Nonpriority Creditor's Name c/o Frank Vosholler III 910 W Van Buren St, Ste 100 #245 Chicago, IL 60607 | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.  | ☐ Contingent  |            |
|       | Debtor 1 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 2 only  | Disputed  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |
|       | $\square$ At least one of the debtors and another  | ☐ Student loans   |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | Yes  | Other. Specify Judgement  |            |
| 4.9   | Complete Payment Recovery Services   | Last 4 digits of account number 9316  | \$216.00   |
|       | Nonpriority Creditor's Name PO Box 30184 Tampa, FL 33630   | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.  | ☐ Contingent  |            |
|       | ■ Debtor 1 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |
|       | $\square$ At least one of the debtors and another  | ☐ Student loans   |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | Yes  | Other. Specify Jewel osco   |            |
| 4.10  | Complete Payment Recovery Services   | Last 4 digits of account number 9308  | \$97.00    |
|       | Nonpriority Creditor's Name PO Box 30184   | When was the debt incurred?   |            |
|       | Tampa, FL 33630  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.  |   |            |
|       | Debtor 1 only  | Contingent  |            |
|       | Debtor 2 only  | Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |            |
|       | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|       | Is the claim subject to offset?  | report as priority claims   |            |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|       | ☐ Yes  | Other. Specify <b>Jewel</b>   |            |
|       |  | • •   |            |

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Debtor 1 Sarah A Feldman Case number (if know) Complete Payment Recovery 9464 \$82.00 4.11 Last 4 digits of account number Services Nonpriority Creditor's Name PO Box 30184 When was the debt incurred? Tampa, FL 33630 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Jewel ☐ Yes 4.12 **Constatine Dental Center** Last 4 digits of account number \$205.00 Nonpriority Creditor's Name When was the debt incurred? 1501 Shermer Rd Northbrook, IL 60062 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.13 **Consumer Portfolio Svc** \$0.00 Last 4 digits of account number 4507 Nonpriority Creditor's Name Attn: Bankruptcy Opened 03/08 Last Active 19500 Jamboree Rd When was the debt incurred? 1/26/10 Irvine, CA 92612 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Automobile ☐ Yes

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Case number (if know)

|      | - Saran A reidinan   |  | Case Humber (II know)                        |              |  |  |  |
|------|--|--|--|--------------|--|--|--|
| 4.14 | Nonpriority Creditor's Name  | Last 4 digits of account number                                | 9161   | \$586.00     |  |  |  |
|      | PO Box 9004  | When was the debt incurred?                                    |  |              |  |  |  |
|      | Renton, WA 98057  Number Street City State Zlp Code                              | As of the date you file, the claim i                           | s: Check all that apply                      |              |  |  |  |
|      | Who incurred the debt? Check one.  | <u></u>  | _  |              |  |  |  |
|      | Debtor 1 only  | ☐ Contingent   |  |              |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |              |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                      | l claim:                                     |              |  |  |  |
|      | ☐ At least one of the debtors and another  | Student loans  | rolann.                                      |              |  |  |  |
|      | ☐ Check if this claim is for a community debt                                    |  | ration agreement or divorce that you did not |              |  |  |  |
|      | Is the claim subject to offset?  | report as priority claims                                      | ration agreement of divorce that you did not |              |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                             | g plans, and other similar debts             |              |  |  |  |
|      | Yes  | Other. Specify Paypal  |  |              |  |  |  |
| 4.15 | Credit One Bank Na   | Last 4 digits of account number                                | 3346   | \$507.00     |  |  |  |
|      | Nonpriority Creditor's Name  |  |  |              |  |  |  |
|      | Po Box 98873<br>Las Vegas, NV 89193  | When was the debt incurred?                                    | Opened 01/16 Last Active 5/02/16             |              |  |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one.             | As of the date you file, the claim i                           | s: Check all that apply                      |              |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |  |              |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |              |  |  |  |
|      | <u> </u>   | ☐ Disputed   |  |              |  |  |  |
|      | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                  | I claim:                                     |              |  |  |  |
|      | At least one of the debtors and another  | Student loans  |  |              |  |  |  |
|      | ☐ Check if this claim is for a community debt<br>Is the claim subject to offset? | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |              |  |  |  |
|      | No   | Debts to pension or profit-sharin                              | a plans, and other similar debts             |              |  |  |  |
|      | ☐ Yes  | ■ Other. Specify Credit Card                                   |  |              |  |  |  |
| 4.40 | On ditar Callectics Dones  |  | 0040   | <b>#0.00</b> |  |  |  |
| 4.16 | Creditors Collection Bureau  Nonpriority Creditor's Name                         | Last 4 digits of account number                                | 9943   | \$0.00       |  |  |  |
|      | . ,  |  | Opened 07/11 Last Active                     |              |  |  |  |
|      | Po Box 63<br>Kankakee, IL 60901  | When was the debt incurred?                                    | 1/16/15                                      |              |  |  |  |
|      | Number Street City State Zlp Code  | As of the date you file, the claim i                           | s: Check all that apply                      |              |  |  |  |
|      | Who incurred the debt? Check one.  | П 0  |  |              |  |  |  |
|      | Debtor 1 only  | Contingent   |  |              |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |              |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                      | l claim:                                     |              |  |  |  |
|      | ☐ At least one of the debtors and another  | Student loans  |  |              |  |  |  |
|      | ☐ Check if this claim is for a community debt                                    | _  | ration agreement or divorce that you did not |              |  |  |  |
|      | Is the claim subject to offset?  | report as priority claims                                      |  |              |  |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharin                            |  |              |  |  |  |
|      | Yes  | ■ Other. Specify   | Attorney Midwest Physical                    |              |  |  |  |

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Debtor 1 Sarah A Feldman Case number (if know) 4.17 **Ditronics Financial Services** Last 4 digits of account number 7668 \$180.00 Nonpriority Creditor's Name **PO Box 7408** When was the debt incurred? Goodyear, AZ 85338 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.18 0005 **First Credit Corporati** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Opened 08/13 Last Active Po Box 9300 2/14/14 When was the debt incurred? Boulder, CO 80301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment Sales Contract ☐ Yes 4.19 JP Morgan Chase Last 4 digits of account number 8804 \$854.00 Nonpriority Creditor's Name When was the debt incurred? c/o Convergent Outsoursing 10750 Hammerly Blvd #200 Houston, TX 77043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Document Page 27 of 57 Debtor 1 Sarah A Feldman Case number (if know) 4.20 Kohls/Capital One Last 4 digits of account number 8079 \$532.00 Nonpriority Creditor's Name Opened 10/15 Last Active Po Box 3120 When was the debt incurred? 5/02/16 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.21 Miramed Revenue Group Last 4 digits of account number 8236 \$0.00 Nonpriority Creditor's Name 991 Oak Creek Dr When was the debt incurred? Last Active 7/07/15 Lombard, IL 60148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Med1 02 Alexian Bros Medical Ctr ☐ Yes 4.22 Miramed Revenue Group Last 4 digits of account number 8256 \$0.00 Nonpriority Creditor's Name 991 Oak Creek Dr When was the debt incurred? Last Active 7/07/15 Lombard, IL 60148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another

Official Form 106 E/F

■ No

☐ Yes

☐ Student loans

report as priority claims

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Med1 02 Alexian Bros Medical Ctr

☐ Check if this claim is for a community debt

Is the claim subject to offset?

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| 4.23                   | Paypal Nonpriority Creditor's Name PO Box 45950 Omaha, NE 68145 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debts the claim subject to offset?  No Yes | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans  Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Notice Onl | d claim:  aration agreement or divorce that you did not g plans, and other similar debts | \$0.00                 |
|------------------------|---|---|--|------------------------|
| 4.24                   | Synchrony Bank/Walmart Nonpriority Creditor's Name Po Box 965064  | Last 4 digits of account number   | 3229   | \$191.00               |
|                        | Orlando, FL 32896  Number Street City State Zlp Code  | When was the debt incurred?  As of the date you file, the claim in  | 4/05/16 s: Check all that apply  |                        |
|                        | Who incurred the debt? Check one.   | ☐ Contingent  |  |                        |
|                        | ■ Debtor 1 only   | ☐ Unliquidated  |  |                        |
|                        | ☐ Debtor 2 only   | ☐ Disputed  |  |                        |
|                        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:   |                        |
|                        | ☐ At least one of the debtors and another   | ☐ Student loans   |  |                        |
|                        | ☐ Check if this claim is for a community deb  | t   | ration agreement or divorce that you did not   |                        |
|                        | Is the claim subject to offset?   | report as priority claims   |  |                        |
|                        | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts   |                        |
|                        | Yes   | Other. Specify Charge Ac  | count  |                        |
| 4.25                   | Target Retailers Nonpriority Creditor's Name  | Last 4 digits of account number   | 3790   | \$512.00               |
|                        | c/o Jefferson Capital Systems LLC<br>PO Box 1120  | When was the debt incurred?   |  |                        |
|                        | Charlotte, NC 28201   |   |  |                        |
|                        | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply  |                        |
|                        | Who incurred the debt? Check one.   | ☐ Contingent  |  |                        |
|                        | ■ Debtor 1 only   | ☐ Unliquidated  |  |                        |
|                        | Debtor 2 only   | ☐ Disputed  |  |                        |
|                        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:   |                        |
|                        | At least one of the debtors and another   | ☐ Student loans   |  |                        |
|                        | ☐ Check if this claim is for a community deb<br>Is the claim subject to offset?   | t   | aration agreement or divorce that you did not  |                        |
|                        | No  | Debts to pension or profit-sharing  | g plans, and other similar debts   |                        |
|                        | Yes   | Other. Specify  |  |                        |
| Part 3                 | List Others to Be Notified About a De   | bt That You Already Listed  |  |                        |
| 5. Use the trying more | his page only if you have others to be notified alt<br>g to collect from you for a debt you owe to some<br>than one creditor for any of the debts that you l<br>lebts in Parts 1 or 2, do not fill out or submit this   | oout your bankruptcy, for a debt that yo<br>one else, list the original creditor in Pa<br>isted in Parts 1 or 2, list the additional  | rts 1 or 2, then list the collection agency here.  | Similarly, if you have |
|                        |   | On which entry in Part 1 or Part 2 did you  | _  |                        |
|                        | ergent Outsourcing<br>SW 39th St  | Line <u>4.25</u> of ( <i>Check one</i> ):   | Part 1: Creditors with Priority Unsecured Claims   |                        |

PO Box 9004

Official Form 106 E/F

■ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Sarah A Feldman

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Debtor 1 Sarah A Feldman

Case number (if know)

Renton, WA 98057

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |    | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     |    | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     | -  |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$ | 9,774.00    |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 9,774.00    |

|                     |                          | DOGUIIIE          | HI Paue 30 013 | 0.7 |                                    |
|---------------------|--------------------------|-------------------|----------------|-----|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                |     |                                    |
| Debtor 1            | Sarah A Feldman          |                   |                |     |                                    |
|                     | First Name               | Middle Name       | Last Name      |     |                                    |
| Debtor 2            |                          |                   |                |     |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |     |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |     |                                    |
| Case number         |                          |                   |                |     |                                    |
| (if known)          |                          | _                 |                |     | Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number, | whom you have the<br>Street, City, State and ZIP | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|-------------------------------|--|-----------------------------|---|
| 2.1 |           |                               |  |                             |   |
|     | Name      |                               |  |                             | _                                       |
|     | Number    | Street                        |  |                             |   |
|     | City      |                               | State  | ZIP Code                    |   |
| 2.2 |           |                               |  |                             |   |
|     | Name      |                               |  |                             |   |
|     | Number    | Street                        |  |                             | _                                       |
|     | City      |                               | State  | ZIP Code                    |   |
| 2.3 |           |                               |  |                             |   |
|     | Name      |                               |  |                             | <del>_</del>                            |
|     | ramo      |                               |  |                             |   |
|     |           |                               |  |                             | <u> </u>                                |
|     | Number    | Street                        |  |                             |   |
|     | City      |                               | State  | ZIP Code                    | <u> </u>                                |
| 0.4 | City      |                               | State  | ZIP Code                    |   |
| 2.4 |           |                               |  |                             |   |
|     | Name      |                               |  |                             |   |
|     |           |                               |  |                             |   |
|     | Number    | Street                        |  |                             |   |
|     |           |                               |  |                             |   |
|     | City      |                               | State  | ZIP Code                    | _                                       |
| 2.5 |           |                               |  |                             |   |
|     | Name      |                               |  |                             | _                                       |
|     |           |                               |  |                             |   |
|     | Ni mahar  | Ctroot                        |  |                             | _                                       |
|     | Number    | Street                        |  |                             |   |
|     | City      |                               | State  | ZIP Code                    | _                                       |
|     | ,         |                               | <u> </u>   |                             |   |

|                               |   | Docume  | ent Page 31 d                | of 57  |   |
|-------------------------------|---|---|------------------------------|--|---|
| Fill in this                  | information to identify your  | case:   |                              |  |   |
| Debtor 1                      | Sarah A Feldman   |   |                              |  |   |
| DODIOI I                      | First Name  | Middle Name                                       | Last Name                    |  |   |
| Debtor 2                      |   |   |                              |  |   |
| (Spouse if, filin             | ng) First Name  | Middle Name                                       | Last Name                    |  |   |
| United Stat                   | tes Bankruptcy Court for the:   | NORTHERN DISTRICT                                 | OF ILLINOIS                  |  |   |
| Case numb                     | ner   |   |                              |  |   |
| (if known)                    |   | <del></del>                                       |                              | ☐ Chec   | ck if this is an                        |
|                               |   |   |                              | amer   | nded filing                             |
| Sched                         | Form 106H ule H: Your Code  |   | nts vou may have Re a        | as complete and accurate as possible   | 12/15                                   |
| eople are<br>ill it out, ar   | filing together, both are equa  | ally responsible for supposes on the left. Attacl | olying correct informanthe h | is complete and accurate as possible tion. If more space is needed, copy the tothis page. On the top of any Addition   | e Additional Page,                      |
| 1. Do y                       | you have any codebtors? (If y   | ou are filing a joint case,                       | do not list either spouse    | e as a codebtor.   |   |
| ■ No                          |   |   |                              |  |   |
| ☐ Yes                         |   |   |                              |  |   |
| Arizona  No.                  | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,<br>Go to line 3.<br>. Did your spouse, former spou | Nevada, New Mexico, Pu                            | erto Rico, Texas, Wash       | ry? (Community property states and terr ington, and Wisconsin.)  | itories include                         |
| in line<br>Form 1<br>fill out | 2 again as a codebtor only if   | that person is a guarar<br>Form 106E/F), or Sched | ntor or cosigner. Make       | r if your spouse is filing with you. List sure you have listed the creditor on \$06G). Use Schedule D, Schedule E/F,  Column 2: The creditor to whom you check all schedules that apply: | Schedule D (Officia<br>or Schedule G to |
|                               |   |   |                              | Chock an sorreduce that apply.   |   |
| 3.1                           |   |   |                              | ☐ Schedule D, line   |   |
| 1                             | Name  |   |                              | ☐ Schedule E/F, line   | _                                       |
|                               |   |   |                              | ☐ Schedule G, line   |   |
| 1                             | Number Street   |   |                              | _  |   |
| (                             | City  | State   | ZIP Code                     |  |   |
| 3.2                           |   |   |                              | ☐ Schedule D, line   |   |
|                               | Name  |   |                              | Schedule E/F, line   |   |
|                               |   |   |                              | Schedule G, line   | _                                       |
| _                             |   |   |                              |  |   |
|                               | Number Street<br>City   | State   | ZIP Code                     |  |   |
| ,                             | Ony   | Olulo   | Zii. Code                    |  |   |

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|             |  |                    |  |                                   |           |      | 1         |               |              |                        |             |
|-------------|--|--------------------|--|-----------------------------------|-----------|------|-----------|---------------|--------------|------------------------|-------------|
|             | in this information<br>btor 1                | Sarah A Felo       |  |                                   |           |      |           |               |              |                        |             |
|             | btor 2 buse, if filing)                      |                    |  |                                   |           | _    |           |               |              |                        |             |
| Uni         | ited States Bankru                           | ptcy Court for the | : NORTHERN DISTRIC   | CT OF ILLINOIS                    |           |      |           |               |              |                        |             |
| (If ki      | se number                                    |                    |  |                                   |           |      |           |               | =            |                        |             |
| 0           | fficial Form                                 | <u>า 106l</u>      |  |                                   |           |      | Ī         | MM / DD/ Y    | YYYY         |                        |             |
| S           | chedule I:                                   | Your Inco          | ome  |                                   |           |      |           |               |              |                        | 12/15       |
| spo<br>atta | ouse. If you are se<br>och a separate she    | parated and you    | are married and not fili<br>r spouse is not filing w<br>On the top of any additi | ith you, do not inclu             | de infor  | mati | on abou   | ıt your sp    | ouse. If mo  | ore space              | is needed,  |
| 1.          | Fill in your emp information.                | loyment            |  | Debtor 1                          |           |      |           | Debtor 2      | 2 or non-fil | ing spous              | е           |
|             | If you have more                             |                    | Employment status  | ■ Employed                        |           |      |           | ☐ Empl        | oyed         |                        |             |
|             | attach a separate information abou           |                    | Employment status  | □ Not employed                    |           |      |           | ☐ Not e       | mployed      |                        |             |
|             | employers.                                   |                    | Occupation   | Accounting                        |           |      |           |               |              |                        |             |
|             | Include part-time<br>self-employed wo        |                    | Employer's name  | Interactive Heal                  | th Inc    |      |           |               |              |                        |             |
|             | Occupation may<br>or homemaker, it           |                    | Employer's address   | 1700 E Golf Rd,<br>Schaumburg, IL |           |      |           |               |              |                        |             |
|             |  |                    | How long employed to   | here? 2 1/2 ye                    | ars       |      |           | _             |              |                        |             |
| Pa          | rt 2: Give De                                | etails About Mon   | thly Income  |                                   |           |      |           |               |              |                        |             |
|             | imate monthly incuse unless you are          |                    | ate you file this form. If   | you have nothing to r             | eport for | any  | line, wri | te \$0 in the | e space. Ind | clude your             | non-filing  |
|             | ou or your non-filing<br>e space, attach a s |                    | ore than one employer, co  | ombine the informatio             | n for all | emp  | loyers fo | r that pers   | on on the li | nes below.             | If you need |
|             |  |                    |  |                                   |           |      | For De    | btor 1        |              | otor 2 or<br>ng spouse |             |
| 2.          |  |                    | ry, and commissions (b<br>calculate what the month                               |                                   | 2.        | \$   | 3         | 3,784.00      | \$           | N/A                    | <u> </u>    |
| 3.          | Estimate and lis                             | st monthly overti  | ime pay.   |                                   | 3.        | +\$  |           | 0.00          | +\$          | N/A                    | <u>A</u>    |

3,784.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                 | Sarah A Feldman  |               |                | Case              | e number ( <i>if k</i> | nown)                |          |                 |                   |                |
|-----|-----------------------|--|---------------|----------------|-------------------|------------------------|----------------------|----------|-----------------|-------------------|----------------|
|     |                       |  |               |                | Fo                | r Debtor 1             |                      |          | Debtor 2        |                   |                |
|     | Cop                   | y line 4 here  | 4.            |                | \$_               | 3,78                   | 4.00                 | \$       | illing op       | N/A               |                |
| 5.  | List                  | all payroll deductions:  |               |                |                   |                        |                      |          |                 |                   |                |
|     | 5a.                   | Tax, Medicare, and Social Security deductions  | 5             | a.             | \$                | 81:                    | 5.33                 | \$       |                 | N/A               |                |
|     | 5b.                   | Mandatory contributions for retirement plans   |               | b.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 5c.                   | Voluntary contributions for retirement plans   |               | c.             | \$                |                        | 1.33                 | \$       |                 | N/A               |                |
|     | 5d.                   | Required repayments of retirement fund loans   |               | d.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 5e.                   | Insurance  | 5             | e.             | \$                |                        | 2.33                 | \$       |                 | N/A               |                |
|     | 5f.                   | Domestic support obligations   | 51            | f.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 5g.                   | Union dues   | 5             | g.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 5h.                   | Other deductions. Specify:   |               | h.+            | \$                |                        | 0.00                 | + \$     |                 | N/A               |                |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.            |                | \$                | 1,05                   | 8.99                 | \$       |                 | N/A               |                |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.            |                | \$_               | 2,72                   | 5.01                 | \$       |                 | N/A               |                |
| 8.  | List<br>8a.           | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                    | 8:            | a.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 8b.                   | Interest and dividends   | 81            | b.             | \$                |                        | 0.00                 | \$       |                 | N/A               |                |
|     | 8c.<br>8d.<br>8e.     | Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security   | 86            | c.<br>d.<br>e. | \$_<br>\$_<br>\$_ |                        | 0.00<br>0.00<br>0.00 | \$<br>\$ |                 | N/A<br>N/A<br>N/A |                |
|     | 8f.<br>8g.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | ance 81 89 89 | f.<br>g.       | \$_<br>\$_        | - 1                    | 0.00<br>0.00         | \$<br>\$ |                 | N/A<br>N/A        |                |
|     | 8h.                   | Other monthly income. Specify:   | 8             | h.+            | \$_               |                        | 0.00                 | + \$     |                 | N/A               |                |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.            |                | \$                | ı                      | 0.00                 | \$       |                 | N/A               | <u> </u>       |
| 10. |                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.           | \$_            |                   | 2,725.01               | + \$                 |          | N/A =           | \$                | 2,725.01       |
| 11. | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Scheoude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are cify:                                    | our dep       |                |                   | . ,                    |                      | _        | Schedule<br>11. | _                 | 0.00           |
| 12. |                       | the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Cies   |               |                |                   |                        |                      |          |                 | \$                | 2,725.01       |
| 13. | Do.                   | you expect an increase or decrease within the year after you file this fo  | orm?          |                |                   |                        |                      |          |                 | Combin            | ed<br>/ income |
| 13. |                       | No.  | Z1 111 f      |                |                   |                        |                      |          |                 |                   |                |

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| Fill in t           | his informa                 | tion to identify ye                                | our case:          |  |  | I                                    |                   |  |
|---------------------|-----------------------------|--|--------------------|--|--|--------------------------------------|-------------------|--|
| Debtor              |                             | Sarah A Felo                                       |                    |  |  |                                      | ck if this is:    |  |
| Debtor 2            | _                           |  |                    |  |  |                                      |                   | wing postpetition chapter                              |
| (Spouse             | e, if filing)               |  |                    |  |  |                                      | 13 expenses as of | the following date:                                    |
| United S            | States Bankr                | uptcy Court for the:                               | NORTH              | IERN DISTRICT OF ILLIN                                       | IOIS   | _                                    | MM / DD / YYYY    |  |
| Case nu<br>(If know |                             |  |                    |  |  |                                      |                   |  |
| Offic               | cial Fo                     | rm 106J  |                    |  |  |                                      |                   |  |
|                     |                             | J: Your  |                    |  |  |                                      |                   | 12/1   |
| inform              | nation. If m                |  | eded, atta         | . If two married people a<br>ach another sheet to this<br>n. |  |                                      |                   |  |
| Part 1:             | Descr<br>this a joir        | ibe Your House                                     | ehold              |  |  |                                      |                   |  |
|                     | No. Go to                   | line 2.  | in a separ         | ate household?   |  |                                      |                   |  |
|                     | □ N<br>□ Y                  |  | st file Offic      | ial Form 106J-2, <i>Expen</i> se                             | s for Separate Hous  | ehold of Deb                         | otor 2.           |  |
| 2. <b>D</b>         | o you have                  | e dependents?                                      | ■ No               |  |  |                                      |                   |  |
|                     | o not list D<br>nd Debtor 2 |  | ☐ Yes.             | Fill out this information for each dependent                 | Dependent's relati   |                                      | Dependent's age   | Does dependent live with you?                          |
|                     | o not state                 |  |                    |  |  |                                      |                   | □ No   |
| G(                  | ependents                   | names.   |                    |  |  |                                      |                   | ☐ Yes<br>☐ No  |
|                     |                             |  |                    |  |  |                                      |                   | ☐ Yes  |
|                     |                             |  |                    |  |  |                                      |                   | □ No   |
|                     |                             |  |                    |  |  |                                      |                   | ☐ Yes<br>☐ No  |
|                     |                             |  |                    |  |  |                                      |                   | ☐ Yes  |
|                     |                             | enses include<br>f people other t                  | han $\blacksquare$ | No   |  |                                      |                   |  |
|                     |                             | d your depende                                     |                    | Yes  |  |                                      |                   |  |
| expen               | ate your ex                 | ate Your Ongoi<br>penses as of your date after the | our bankr          | uptcy filing date unless                                     | you are using this followed the plant of the | orm as a su<br>e <i>J</i> , check tl | ipplement in a Ch | apter 13 case to report<br>of the form and fill in the |
| the va              |                             | h assistance an                                    |                    | government assistance cluded it on <i>Schedule I:</i>        |  |                                      | Your exp          | enses  |
| (Onici              | ar i omi ic                 | ,  |                    |  |  |                                      |                   |  |
|                     |                             | or home owners<br>and any rent for th              |                    | ses for your residence.<br>or lot.                           | Include first mortgag  | je<br>4. \$                          |                   | 1,071.00   |
| If                  | not includ                  | led in line 4:                                     |                    |  |  |                                      |                   |  |
| 4:                  | a. Real e                   | estate taxes                                       |                    |  |  | 4a. \$                               | i                 | 0.00   |
|                     |                             | rty, homeowner's                                   |                    |  |  | 4b. \$                               |                   | 12.00  |
| 40<br>40            |                             | maintenance, re<br>owner's associat                |                    | upkeep expenses  |  | 4c. \$<br>4d. \$                     |                   | 0.00<br>217.00   |
|                     |                             |  |                    | our residence, such as ho                                    | ome equity loans   | 4u. ֆ<br>5. \$                       |                   | 0.00   |

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| Deb         | otor 1  | Sarah A       | Feldman   | Case nun          | nbe    | er (if known) |                          |
|-------------|---------|---------------|---|-------------------|--------|---------------|--------------------------|
| 6.          | Utiliti | ies:          |   |                   |        |               |                          |
|             | 6a.     |               | , heat, natural gas   | 6a                | . \$   | 8             | 130.00                   |
|             | 6b.     | Water, sev    | wer, garbage collection   | 6b.               | . \$   | S             | 50.00                    |
|             | 6c.     |               | e, cell phone, Internet, satellite, and cable services  | 6c.               | . \$   |               | 175.00                   |
|             | 6d.     | Other. Spe    |   | 6d.               | . \$   | <u> </u>      | 0.00                     |
| 7.          | Food    |               | ekeeping supplies   | 7.                | . \$   | <u> </u>      | 357.01                   |
| 8.          |         |               | children's education costs  | 8.                | . \$   | <u> </u>      | 0.00                     |
| 9.          |         |               | lry, and dry cleaning   |                   | . \$   |               | 40.00                    |
| -           |         | O,            | products and services   |                   | . \$   |               | 50.00                    |
|             |         | -             | ntal expenses   |                   | . \$   |               | 0.00                     |
|             |         |               | Include gas, maintenance, bus or train fare.  | • • •             | . Ψ    | ,             | 0.00                     |
|             |         |               | ar payments.  | 12.               | . \$   | 5             | 180.00                   |
| 13.         |         |               | clubs, recreation, newspapers, magazines, and books   | 13.               | . \$   | S             | 0.00                     |
| 14.         | Char    | itable cont   | ributions and religious donations   | 14.               | . \$   | S             | 0.00                     |
| 15.         | Insur   |               | •   |                   |        |               |                          |
|             | Do no   | ot include in | nsurance deducted from your pay or included in lines 4 or 20.   |                   |        |               |                          |
|             | 15a.    | Life insura   | ance  | 15a               | . \$   | 5             | 0.00                     |
|             | 15b.    | Health ins    | surance   | 15b               | . \$   |               | 0.00                     |
|             | 15c.    | Vehicle ins   | surance   | 15c               | . \$   | <u> </u>      | 0.00                     |
|             | 15d.    | Other insu    | urance. Specify:  | 15d.              | . \$   | S             | 0.00                     |
| 16.         |         |               | nclude taxes deducted from your pay or included in lines 4 or 20                                      | ).                |        |               |                          |
|             | Speci   |               | , , ,   |                   | . \$   | 5             | 0.00                     |
| 17.         | Insta   | Ilment or le  | ease payments:  |                   |        |               |                          |
|             | 17a.    | Car payme     | ents for Vehicle 1  | 17a               | . \$   | 5             | 0.00                     |
|             | 17b.    | Car payme     | ents for Vehicle 2  | 17b               | . \$   | <u> </u>      | 0.00                     |
|             | 17c.    | Other. Spe    | ecify:  | 17c               | . \$   | <u> </u>      | 0.00                     |
|             | 17d.    | Other. Spe    |   | 17d.              | . \$   | <u> </u>      | 0.00                     |
| 18.         | Your    | payments      | of alimony, maintenance, and support that you did not report  | ort as            | _      |               | 2.22                     |
|             | dedu    | icted from y  | your pay on line 5, Schedule I, Your Income (Official Form 1  | 106I). 18.        | . \$   |               | 0.00                     |
| 19.         | Othe    | r payments    | s you make to support others who do not live with you.  |                   | \$     | S             | 0.00                     |
|             | Spec    | ·             |   | 19.               |        |               |                          |
| 20.         |         |               | erty expenses not included in lines 4 or 5 of this form or or   |                   |        |               |                          |
|             |         |               | s on other property   | 20a               |        |               | 0.00                     |
|             |         | Real estat    |   | 20b               |        |               | 0.00                     |
|             |         |               | homeowner's, or renter's insurance  | 20c               |        |               | 0.00                     |
|             |         |               | nce, repair, and upkeep expenses  | 20d               |        |               | 0.00                     |
|             | 20e.    | Homeown       | er's association or condominium dues  | 20e               |        |               | 0.00                     |
| 21.         | Othe    | r: Specify:   | Pet supplies  | 21.               | . +    | +\$           | 60.00                    |
|             | Car     | repair/mai    | int/tags  |                   | +      | +\$           | 30.00                    |
|             | Tolls   | S             | <del></del>   |                   | +      | +\$           | 30.00                    |
| 22          | Calar   | uloto vour r  | monthly expenses  |                   |        |               |                          |
| <b>44</b> . |         | -             | monthly expenses<br>through 21.   |                   |        | \$            | 2 402 04                 |
|             |         |               | •   | 1612              |        | \$            | 2,402.01                 |
|             |         |               | 2 (monthly expenses for Debtor 2), if any, from Official Form 10                                      | J0J-2             |        | · <u> </u>    |                          |
|             | 22c. /  | Add line 22a  | a and 22b. The result is your monthly expenses.   |                   |        | \$            | 2,402.01                 |
| 23.         | Calcu   | ulate vour i  | monthly net income.   |                   |        |               |                          |
|             |         |               | 12 (your combined monthly income) from Schedule I.  | 23a               | . \$   | \$            | 2,725.01                 |
|             |         |               | monthly expenses from line 22c above.   | 23b               |        |               | 2,402.01                 |
|             | 200.    | copy you.     | Thermany expended from the 220 above.   | 200               |        |               | 2,402.01                 |
|             | 23c.    | ,             | our monthly expenses from your monthly income.  is your <i>monthly net income</i> .                   | 23c               | .   \$ | 5             | 323.00                   |
|             |         | THE TESUIL    | . is your monuny neumoune.  |                   | Ļ      |               |                          |
| 24.         | Do yo   | ou expect a   | an increase or decrease in your expenses within the year af   | fter you file thi | is f   | orm?          |                          |
|             | For ex  | kample, do yo | ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage? |                   |        |               | or decrease because of a |
|             | ■ No    | 0.            |   |                   |        |               |                          |
|             | □ Ye    |               | Explain here:   |                   |        |               |                          |
|             |         | · · ·         | — · · · · · · · · · · · · · · · · · · ·   |                   |        |               |                          |

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| Fill in this infor                          | mation to identify your                           | case:                    |                             |                               |                               |
|---|---|--------------------------|-----------------------------|-------------------------------|-------------------------------|
| Debtor 1                                    | Sarah A Feldman                                   |                          |                             |                               |                               |
|   | First Name  | Middle Name              | Last Name                   |                               |                               |
| Debtor 2<br>(Spouse if, filing)             | First Name  | Middle Name              | Last Name                   |                               |                               |
| United States Ba                            | ankruptcy Court for the:                          | NORTHERN DISTRICT        | Γ OF ILLINOIS               |                               |                               |
|   |   |                          |                             |                               |                               |
| Case number _<br>if known)                  |   |                          |                             | _                             | t if this is an<br>ded filing |
| Official Forr<br>Declarat                   |   | ın Individual            | Debtor's Scl                | hedules                       | 12/15                         |
| ears, or both. 1                            | 8 U.S.C. §§ 152, 1341, 1                          | 519, and 3571.           |                             |                               |                               |
| Sign  | n Below   |                          |                             |                               |                               |
| Did you pa                                  | y or agree to pay some                            | one who is NOT an atto   | rney to help you fill out b | ankruptcy forms?              |                               |
| ■ No  |   |                          |                             |                               |                               |
| ☐ Yes. N                                    | Name of person                                    |                          |                             | Attach Bankruptcy Petition P  |                               |
|   |   |                          |                             | Declaration, and Signature (0 |                               |
|   | ulty of perjury, I declare<br>e true and correct. | that I have read the sum | nmary and schedules file    |                               |                               |
| that they are                               |   | that I have read the sun | nmary and schedules file    | Declaration, and Signature (  |                               |
| that they are<br>X <u>/s/ Sara</u><br>Sarah | e true and correct.                               | that I have read the sun | -                           | Declaration, and Signature (  |                               |

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|                |   | nation to identify you  |   |   |  |   |  |  |
|----------------|---|---|---|---|--|---|--|--|
| Deb            | tor 1   | Sarah A Feldma First Name   | Middle Name   | Last Name   |  |   |  |  |
|                | tor 2   |   |   |   |  |   |  |  |
| (Spot          | use if, filing)   | First Name  | Middle Name   | Last Name   |  |   |  |  |
| Unit           | ed States Bar   | nkruptcy Court for the:   | NORTHERN DISTRICT C   | F ILLINOIS  |  |   |  |  |
| Cas<br>(if kno | e number  |   |   |   | ПО   | Check if this is an                                   |  |  |
|                |   |   |   |   |  | mended filing   |  |  |
| Off            | ficial Fo   | rm 107  |   |   |  |   |  |  |
|                |   |   | Affairs for Individ   | uals Filing for B                                     | ankruptcy  | 4/10  |  |  |
| infor<br>num   | mation. If m<br>ber (if knowr   | ore space is needed<br>n). Answer every que                                     | attach a separate sheet to stion.   | this form. On the top of ar                           | e equally responsible for sup<br>ny additional pages, write yo   |   |  |  |
| Part           | Give D  | etails About Your Ma  | arital Status and Where You   | Lived Before  |  |   |  |  |
| 1.             | What is your  | current marital statu   | ıs?   |   |  |   |  |  |
|                | □ Married   |   |   |   |  |   |  |  |
|                | Not mar   | ried  |   |   |  |   |  |  |
| 2.             | During the la   | During the last 3 years, have you lived anywhere other than where you live now? |   |   |  |   |  |  |
|                | □ No  |   |   |   |  |   |  |  |
|                | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |   |   |   |  |   |  |  |
|                | Debtor 1 Pr   | ior Address:  | Dates Debtor 1 lived there  | Debtor 2 Prior Ac                                     | Idress:  | Dates Debtor 2<br>lived there                         |  |  |
|                | 990 Perrie<br>Elk Grove   | Dr<br>Village, IL 60007   | From-To: <b>2011-2015</b>   | ☐ Same as Debtor                                      | I  | ☐ Same as Debtor 1 From-To:                           |  |  |
|                | s and territori   | es include Arizona, Ca  |   | vada, New Mexico, Puerto R                            | nity property state or territor<br>lico, Texas, Washington and V |   |  |  |
| Part           | Explai  | n the Sources of You  | r Income  |   |  |   |  |  |
|                | Fill in the total   | I amount of income yo   | nployment or from operatin<br>nu received from all jobs and a<br>have income that you receive | all businesses, including par                         |  | ndar years?   |  |  |
|                | □ No  |   |   |   |  |   |  |  |
|                | Yes. Fill   | in the details.   |   |   |  |   |  |  |
|                |   |   | Debtor 1  |   | Debtor 2   |   |  |  |
|                |   |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions) |  |  |
|                |   | of current year until<br>d for bankruptcy:                                      | ■ Wages, commissions, bonuses, tips   | \$27,901.00   | ☐ Wages, commissions, bonuses, tips                              |   |  |  |
|                |   |   | ☐ Operating a business  |   | ☐ Operating a business   |   |  |  |

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Case number (if known)

Document Debtor 1 Sarah A Feldman

|    |  |                                       |  | Debtor 1   |   |  | Debtor 2  |                             |   |
|----|--|---------------------------------------|--|--|---|--|---|-----------------------------|---|
|    |  |                                       |  | Sources of income<br>Check all that apply.   | Gross in (before de exclusion                   | eductions and                                    | Sources of ince<br>Check all that ap                              |                             | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>nuary 1 to                           |                                       | 31, 2015 )   | ■ Wages, commissions, bonuses, tips  |   | \$43,192.00                                      | ☐ Wages, com bonuses, tips  | missions,                   |   |
|    |  |                                       |  | ☐ Operating a business   |   |  | ☐ Operating a l   | ousiness                    |   |
|    | r the calend<br>nuary 1 to                           |                                       |  | ■ Wages, commissions, bonuses, tips  |   | \$28,475.00                                      | ☐ Wages, com bonuses, tips  | missions,                   |   |
|    |  |                                       |  | ☐ Operating a business   |   |  | ☐ Operating a l   | ousiness                    |   |
| 5. | Include incurrence unemploying ambling a List each s | come regard<br>ment, and cand lottery | dless of whet<br>other public b<br>winnings. If you<br>the gross inc | ne during this year or the two<br>her that income is taxable. Ex<br>enefit payments; pensions; re-<br>ou are filing a joint case and y<br>come from each source separa | kamples of ot<br>ental income;<br>you have inco | her income are interest; dividen me that you rec | alimony; child supp<br>ds; money collecte<br>eived together, list | d from laws<br>it only once | suits; royalties; and                                 |
|    |  |                                       |  | Debtor 1   |   |  | Debtor 2  |                             |   |
|    |  |                                       |  | Sources of income<br>Describe below.   | each sou  | eductions and                                    | Sources of inco   |                             | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>nuary 1 to                           |                                       | 31, 2015 )   | Savings Bonds  |   | \$1,215.00                                       |   |                             |   |
|    |  |                                       |  | Gambling Winning   |   | \$3,174.00                                       |   |                             |   |
|    | r the calend<br>nuary 1 to                           |                                       |  | Unemployment   |   | \$6,137.00                                       |   |                             |   |
|    |  |                                       |  | ı Made Before You Filed for  |   |  |   |                             |   |
| 6. |  | Neither D                             | ebtor 1 nor  | 2's debts primarily consume Debtor 2 has primarily cons a personal, family, or househo   | umer debts.                                     | Consumer deb                                     | ts are defined in 11  | U.S.C. § 10                 | 01(8) as "incurred by an                              |
|    |  | During the                            | 90 days bef  | ore you filed for bankruptcy, d  | did you pay ar                                  | ny creditor a tota                               | al of \$6,425* or mo  | re?                         |   |
|    |  | □ <sub>No.</sub>                      | Go to line   |  |   |  |   |                             |   |
|    |  | □ Yes                                 | paid that c<br>not include   | each creditor to whom you pa<br>reditor. Do not include payment<br>payments to an attorney for t   | ents for domes<br>this bankrupt                 | stic support obli<br>cy case.                    | gations, such as ch   | nild support                | and alimony. Also, do                                 |
|    |  | * Subject                             | to adjustmer   | nt on 4/01/19 and every 3 year   | rs after that for                               | or cases filed or                                | n or after the date o   | f adjustmer                 | ıt.   |
|    | ■ Yes.   |                                       |  | or both have primarily consoure you filed for bankruptcy, d  |   |  | al of \$600 or more?  | ,                           |   |
|    |  | ■ No.                                 | Go to line   | 7.   |   |  |   |                             |   |
|    |  | □ Yes                                 | include pay  | each creditor to whom you pa<br>yments for domestic support o<br>y for this bankruptcy case.   |   |  |   |                             |   |
|    | Creditor's   | s Name an                             | d Address  | Dates of payme   | ent To  | otal amount<br>paid                              | Amount you still owe  | Was this                    | payment for   |

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Document Page 39 of 57 Case number (if known) Debtor 1 Sarah A Feldman Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **Community Property Management** Collection **Dupage County** Pending 421 N County Farm Rd vs Feldman □ On appeal 07 LM 2419 Wheaton, IL 60187 Concluded Garnishment action 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

Official Form 107

No

☐ Yes

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

court-appointed receiver, a custodian, or another official?

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Case number (# known) Document Debtor 1 Sarah A Feldman

| Pai | t 5: List Certain Gifts and Contribution  | s                  |   |                                   |                       |
|-----|---|--------------------|---|-----------------------------------|-----------------------|
| 13. | Within 2 years before you filed for bankro  ■ No  □ Yes. Fill in the details for each gift.   | uptcy,             | did you give any gifts with a total value of more   | than \$600 per persor             | ?                     |
|     | Gifts with a total value of more than \$60 per person   | 0                  | Describe the gifts  | Dates you gave the gifts          | Value                 |
|     | Person to Whom You Gave the Gift and Address:   |                    |   |                                   |                       |
| 14. | Within 2 years before you filed for bankro  No  Yes. Fill in the details for each gift or c   |                    | did you give any gifts or contributions with a tot  | al value of more thar             | \$600 to any charity? |
|     | Gifts or contributions to charities that t  |                    |   | Dates you                         | Value                 |
|     | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code  |                    | Describe what you contributed   | Dates you contributed             | value                 |
| Pai | rt 6: List Certain Losses   | ,                  |   |                                   |                       |
| 15. |   | ptcy oı            | r since you filed for bankruptcy, did you lose any  | thing because of the              | ft, fire, other       |
|     | Describe the property you lost and  | Descr              | ibe any insurance coverage for the loss   | Date of your                      | Value of property     |
|     | how the loss occurred   | Include            | e the amount that insurance has paid. List no insurance claims on line 33 of Schedule A/B:  | loss                              | lost                  |
| Pai | t 7: List Certain Payments or Transfers   |                    |   |                                   |                       |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or p   | ptcy, d<br>prepari | lid you or anyone else acting on your behalf paying a bankruptcy petition? rs, or credit counseling agencies for services require |                                   | erty to anyone you    |
|     | □ No  |                    |   |                                   |                       |
|     | Yes. Fill in the details.   |                    |   |                                   |                       |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y   | 'ou                | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment     |
|     | Cutler & Associates, Ltd<br>4131 Main Street<br>Skokie, IL 60076<br>david@cutlerltd.com<br>Sheree Feldman   |                    | Attorney Fees \$310 and \$33  | August 2016                       | \$0.00                |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that  No Yes. Fill in the details. | litors o           |   | or transfer any prope             | erty to anyone who    |
|     | Person Who Was Paid Address   |                    | Description and value of any property transferred   | Date payment or transfer was      | Amount of payment     |
|     |   |                    |   | made                              | F-235711              |

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Debtor 1 Sarah A Feldman

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |                            |             |   |                 |   |  |
|-----|--|--|----------------------------|-------------|---|-----------------|---|--|
|     | Person Who Received Transfer Address   | Description and property transfer  |                            | paymo       | ibe any property or<br>ents received or debts<br>n exchange   | Date tr<br>made | ansfer was                              |  |
|     | Person's relationship to you   |  |                            |             |   |                 |   |  |
| 19. | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>  |  |                            |             |   |                 | n you are a                             |  |
|     | Name of trust  | Description and  | value of the pro           | perty trans | sferred   |                 | ransfer was                             |  |
|     |  |  |                            |             |   | made            |   |  |
| Pai | rt 8: List of Certain Financial Accounts, Inst   | truments, Safe Depos   | it Boxes, and St           | torage Uni  | ts  |                 |   |  |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or   | •  |                            |             |   |                 |   |  |
|     | <u> </u>   | houses, pension funds, cooperatives, associations, and other financial institutions. |                            |             |   |                 |   |  |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |   |                 |   |  |
|     | Name of Financial Institution and  | Last 4 digits of account number  | Type of account instrument | unt or      | Date account was<br>closed, sold,<br>moved, or<br>transferred |                 | ast balance<br>e closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 you cash, or other valuables?  | ear before you filed fo  | r bankruptcy, a            | ny safe de  | posit box or other depo                                       | sitory for      | securities,                             |  |
|     | ■ No   |  |                            |             |   |                 |   |  |
|     | Yes. Fill in the details.  Name of Financial Institution   | Who also had an  | ooss to it?                | Dosoribo    | the contents  | Dox             | ou otill                                |  |
|     | Address (Number, Street, City, State and ZIP Code)   | Who else had access to it?  Address (Number, Street, City, State and ZIP Code)       |                            | Describe    |   |                 | ou still<br>it?                         |  |
| 22. | Have you stored property in a storage unit of  | r place other than you   | r home within 1            | year befo   | re you filed for bankrup                                      | cy?             |   |  |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |   |                 |   |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code)               |                            | Describe    | the contents  | Do y<br>have    | ou still<br>tit?                        |  |
| Pai | rt 9: Identify Property You Hold or Control f  | or Someone Else  |                            |             |   |                 |   |  |
| 23. |  |  | lude any proper            | ty you bor  | rowed from, are storing                                       | for, or ho      | old in trust                            |  |
|     | ■ No □ Yes. Fill in the details.   |  |                            |             |   |                 |   |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City, S<br>Code)                                |                            | Describe    | the property  |                 | Value                                   |  |
| Pai | rt 10: Give Details About Environmental Info   | rmation  |                            |             |   |                 |   |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|  | hazardous material, pollutant, contaminant, o  | r similar term.  |  |                    |  |  |  |  |
|--|--|--|--|--------------------|--|--|--|--|
| Rep  | ort all notices, releases, and proceedings that  | you know about, regardless of when   | n they occurred.   |                    |  |  |  |  |
| 24.  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |
| 25.  | Have you notified any governmental unit of ar  | ny release of hazardous material?  |  |                    |  |  |  |  |
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |  |  |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Environmental law, if you know it  | Date of notice   |                    |  |  |  |  |
| 26.  | Have you been a party in any judicial or admir   | nistrative proceeding under any envi                                       | ironmental law? Include settlements a                              | and orders.        |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |
|  | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |  |  |  |  |
| Par  | 11: Give Details About Your Business or Co   | onnections to Any Business   |  |                    |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy   | , did you own a business or have ar  | ny of the following connections to any                             | business?          |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a  | a trade, profession, or other activity,                                    | either full-time or part-time                                      |                    |  |  |  |  |
|  | ☐ A member of a limited liability compar   | ny (LLC) or limited liability partnersh                                    | iip (LLP)  |                    |  |  |  |  |
|  | ☐ A partner in a partnership   |  |  |                    |  |  |  |  |
|  | ☐ An officer, director, or managing executive of a corporation   |  |  |                    |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting of   | or equity securities of a corporation                                      |  |                    |  |  |  |  |
|  | ■ No. None of the above applies. Go to Par   | rt 12.   |  |                    |  |  |  |  |
|  | ☐ Yes. Check all that apply above and fill in  | the details below for each business  | s.   |                    |  |  |  |  |
|  | Business Name D Address  | Describe the nature of the business  | Employer Identification number<br>Do not include Social Security n |                    |  |  |  |  |
|  |  | lame of accountant or bookkeeper   | Dates business existed   | idilibei oi iiiiv. |  |  |  |  |
| <ol> <li>Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inc institutions, creditors, or other parties.</li> </ol> |  |  |  |                    |  |  |  |  |
|  | ■ No □ Yes. Fill in the details below.   |  |  |                    |  |  |  |  |
|  | Name Address (Number, Street, City, State and ZIP Code)  |  |  |                    |  |  |  |  |
|  | o'   |  |  |                    |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Debtor 1 Sarah A Feldman

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Sarah A Feldman |                                     |  |                                    |  |  |  |
|---------------------|-------------------------------------|--|------------------------------------|--|--|--|
| Sarah A Feldman     |                                     | Signature of Debtor 2                                    | Signature of Debtor 2              |  |  |  |
| Signa               | ture of Debtor 1                    |  |                                    |  |  |  |
| Date                | August 9, 2016                      | Date   |                                    |  |  |  |
| Did yo              | u attach additional pages to Your S | Statement of Financial Affairs for Individuals Filing fo | or Bankruptcy (Official Form 107)? |  |  |  |
| ■ No                |                                     | •  |                                    |  |  |  |
| ☐ Yes               | 3                                   |  |                                    |  |  |  |
| Did yo              | u pay or agree to pay someone wh    | o is not an attorney to help you fill out bankruptcy for | rms?                               |  |  |  |
| No                  |                                     |  |                                    |  |  |  |
| ☐ Yes               | s. Name of Person Attach the        | Bankruptcy Petition Preparer's Notice, Declaration, and  | Signature (Official Form 119).     |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: August 9, 2016                  | 11 3  |
|---------------------------------------|---|
| Signed:                               |   |
| /s/ Sarah A Feldman                   | /s/ David Cutler                                  |
| Sarah A Feldman                       | David Cutler                                      |
|                                       | Attorney for the Debtor(s)                        |
| Debtor(s)                             |   |
| Do not sign this agreement if the amo | ounts are blank. <b>Local Bankruptcy Form 23c</b> |

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| In r | e .  | Sarah A Feldman   |                                      | Case No.               |                                     |
|------|--|---|--------------------------------------|------------------------|-------------------------------------|
|      |  |   | Debtor(s)                            | Chapter                | 13                                  |
|      |  | DISCLOSURE OF COMPENS.  | ATION OF ATTO                        | RNEY FOR DE            | CBTOR(S)                            |
| 1.   | con  | rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), inpensation paid to me within one year before the filing of rendered on behalf of the debtor(s) in contemplation of or | the petition in bankruptcy           | , or agreed to be paid | to me, for services rendered or to  |
|      |  | For legal services, I have agreed to accept   |                                      | \$                     | 4,000.00                            |
|      |  | Prior to the filing of this statement I have received   |                                      | \$                     | 0.00                                |
|      |  | Balance Due   |                                      | \$                     | 4,000.00                            |
| 2.   | \$   | 310.00 of the filing fee has been paid.   |                                      |                        |                                     |
| 3.   | The  | e source of the compensation paid to me was:  |                                      |                        |                                     |
|      |  | ■ Debtor □ Other (specify):   |                                      |                        |                                     |
| 4.   | The  | e source of compensation to be paid to me is:   |                                      |                        |                                     |
|      |  | ■ Debtor □ Other (specify):   |                                      |                        |                                     |
| 5.   |  | I have not agreed to share the above-disclosed compensation   | ation with any other person          | unless they are memb   | pers and associates of my law firm. |
|      |  | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  |                                      |                        |                                     |
| 6.   | In   | return for the above-disclosed fee, I have agreed to rende  | r legal service for all aspec        | ts of the bankruptcy c | ase, including:                     |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> <li>e. [Other provisions as needed]</li> </ul> |   |                                      |                        |                                     |
| 7.   | Ву   | agreement with the debtor(s), the above-disclosed fee doo   | es not include the followin          | g service:             |                                     |
|      |  | C   | CERTIFICATION                        |                        |                                     |
|      |  | ertify that the foregoing is a complete statement of any agr<br>kruptcy proceeding.   | reement or arrangement for           | payment to me for re   | presentation of the debtor(s) in    |
| ١,   | Διια   | just 9, 2016  | /s/ David Cutler                     |                        |                                     |
| _    | Date   |   | <b>David Cutler</b>                  |                        |                                     |
|      |  |   | Signature of Attorn Cutler & Associa |                        |                                     |
|      |  |   | 4131 Main Street                     |                        |                                     |
|      |  |   | Skokie, IL 60076<br>847-673-8600 Fa  |                        |                                     |
|      |  |   | david@cutlerltd.                     |                        |                                     |
|      |  |   | Name of law firm                     |                        |                                     |

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Sarah A Feldman                            |   | Case No.                   |                |
|-------|--|---|----------------------------|----------------|
| mie   | Saran A Felunian                           | Debtor(s)   | Chapter 13                 |                |
|       | VE   | ERIFICATION OF CREDITOR M.                              | ATRIX                      |                |
|       |  | Number of   | Creditors:                 | 26             |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credito              | ors is true and correct to | the best of my |
| Date: | August 9, 2016                             | /s/ Sarah A Feldman Sarah A Feldman Signature of Debtor |                            |                |

Advance Foot and Ankle 1750 North Randall Rd Ste 160 Elgin, IL 60123

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Bank of America PO Box 15284 Wilmington, DE 19850

Claims Accounting PO Box 30272 Tampa, FL 33630

Comcast PO Box 3001 Southeastern, PA 19398

ComEd PO Box 6111 Carol Stream, IL 60197

Comenity Bank/Harlem Furniture Po Box 182789 Columbus, OH 43218

Community Property Management c/o Frank Vosholler III 910 W Van Buren St, Ste 100 #245 Chicago, IL 60607

Complete Payment Recovery Services PO Box 30184 Tampa, FL 33630

Constatine Dental Center 1501 Shermer Rd Northbrook, IL 60062

Consumer Portfolio Svc Attn: Bankruptcy 19500 Jamboree Rd Irvine, CA 92612

Convergent Outsourcing PO Box 9004 Renton, WA 98057

Convergent Outsourcing 800 SW 39th St PO Box 9004 Renton, WA 98057

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Creditors Collection Bureau Po Box 63 Kankakee, IL 60901

Ditronics Financial Services PO Box 7408 Goodyear, AZ 85338

First Credit Corporati Po Box 9300 Boulder, CO 80301

JP Morgan Chase c/o Convergent Outsoursing 10750 Hammerly Blvd #200 Houston, TX 77043

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201 Midwest Community Bank

Miramed Revenue Group 991 Oak Creek Dr Lombard, IL 60148

Paypal PO Box 45950 Omaha, NE 68145

Synchrony Bank/Walmart Po Box 965064 Orlando, FL 32896

Target Retailers c/o Jefferson Capital Systems LLC PO Box 1120 Charlotte, NC 28201

Towne Place Condominium Assoc c/o Lieberman Management Svcs PO Box 5723 Carol Stream, IL 60197